

FILED FEB 1 1943

Registration District No. 318

Primary Registration District No. 1003

609

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Barnes Hosp.  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 3 weeks.  
(Specify whether years, months or days) 20 years.

3. (a) PRINT FULL NAME LYDIA ANN ALLEN

3. (b) If veteran, name war From 3. (c) Social Security No. From

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Clayton C. Allen 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased July 22, 1884  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 29 If less than one day hr. min.

9. Birthplace German town, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Albert G. Kimbrough  
13. Birthplace German town, Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilhelmina  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant C. Edmonds Allen Jr.

(b) Address New York City

17. (a) Cremation (b) Date thereof 1/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Cr. & N. Ry.

18. (a) Signature of funeral director Wayne H. H. Co.

(b) Address 3631 E. 12th St.

19. (a) JAN 21 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4626 Maryland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1943 hour 7 minute 40 M.

21. I hereby certify that I attended the deceased from June 1942 to Jan 20, 1943;  
that I last saw him alive on Jan 20, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia

Due to

Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Bredeck (M. D. or other)

Address 4952 Maryland Ave. St. Louis Date signed 1/21/43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**